423 447 6971

p.9 PRINTED: 04/29/2010 FORM APPROVED

		(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUL TN0401		(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION 01 - MAIN BUILDING 01		SURVEY LETED 27/2010
NAME OF	PROVIDER OR SUPPLIER	(		DRESS, CITY, STA			
BLEDSC	E COUNTY NURSING	S HOME		ELERTOWN A' E, TN 37367	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	L ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
	overall nursing hom developed and mai the safety and well-assured.  This Rule is not me Based on observatifacility failed to main environment.  The findings include director's office on 4 the ceiling had mole Tennessee departments.	of the physical plant are environment must intained in such a marebeing of residents are et as evidenced by: fons it was determined intain the physical  ed: environment services 4/27/10 at 7:21 p.m. into and water damage. from the ent of Health 1200-8-	the evealed 608(2)	N 832	1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICENT PRACTICE?  On 5/11/10 Maintenance Directo and Staff cleaned all loose paint and repaired water damaged areas and repainted affected area in the Environmental Services Director's Office.	r	5/11/1
	Ith Care Facilities Janu Bynt				TITLE		(X6) DATE
TO MAN	DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRÉSENTA	TIVE'S SIGNA	TURE	Administrator	5-12-1	D IA

Division of Health Care Facilities

PRINTED: 04/29/2010 FORM APPROVED

		TINGANASINE PROMINENTE IN THE PROMINENT OF THE PROMINENT				COMPLETED  04/27/2010		
NAME OF PROVIDER OR SUPPLIER STREET AD  107 WHE				DDRESS, CITY, STATE. ZIP CODE EELERTOWN AVENUE LE, TN 37357				
(X4) ID : SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE ; COMPLETE		
	overall nursing hom developed and main the safety and well-hassured.  This Rule is not me Based on observation facility failed to main environment.  The findings included the ceiling had mold Tennessee department.  This finding was acknown and the exit some sacknown and the exit supervisor at the exit supervisor superviso	f the physical plant all environment must intained in such a mappeing of residents and the as evidenced by:  It as evidenced by: It was determined that the physical discontinuous at 7:21 p.m. It and water damage, and of Health 1200-8-mowledged by the niffed by the Mainten	the revealed -608(2)	N 832	2) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? Maintenance Director and Staff will routinely monitor all areas of the physical plant to ensure the overall nursing home environment is maintained.  3) WHAT MEASURE WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Maintenance Director and staff will routinely monitor all areas of the physical plant to ensure the overall nursing home environment is properly maintained.			
ision of He	alth Care Facilities				TITLÉ	(X6) DATE		

Division of Health Care Facilities

PRINTED: 04/29/2010 FORM APPROVED

, AND PLAN OF CORRECTION   IDENTIFICAT		INTO FROM DERIGUEPLIER, JOENTIFICATION NUMBER TOTAL CO.	BER: A	A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED		
SI EDOGE COUNTY NUBBING HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE  107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367					
(X4) ID : PREFIX TAG :				ID REFIX (AG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE CO	(X5) MPLETE DATE	
	overall nursing hom developed and main the safety and welf-assured.  This Rule is not me Based on observation facility failed to main environment.  The findings include Disservation of the editing had mold fennessee departments in sinding was acknown in the same and welf in the same and welf in the same as the same and the same as the same	of the physical plant and the environment must be intained in such a many being of residents are set as evidenced by: ons it was determined that in the physical d:  environment services /27/10 at 7:21 p.m. reviand water damage, ent of Health 1200-8-6-	her that he	32	4) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?  Maintenance Directo with cooperation of all departments will continue to monitor and all departments will report any conditions of the physical plant to ensure the safety and well being of residents.			
ion of Health Care Facilities			· · · · · · · · · · · · · · · · · · ·	<del></del>	TITLE	(X6) DATE	 : /4	